

**FEC
FORM 3****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type
over the lines.

12FE4M5

NOELLE NIKPOUR FOR CONGRESS INC

ADDRESS (number and street)

138 CONANT STREET

SECOND FLOOR

Check if different
than previously
reported. (ACC)

BEVERLY

MA

01915

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

C

C00582684

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

FL

18

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M /

D D /

Y Y Y Y

in the
State of(c) 30-Day **POST**-Election Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M /

D D /

Y Y Y Y

in the
State of

5. Covering Period

M M /

D D /

Y Y Y Y

through

M M /

D D /

Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer MR. BRADLEY CRATE

Signature of Treasurer

MR. BRADLEY CRATE

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3**
(Revised 02/2003)

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 2 / 34

Write or Type Committee Name

NOELLE NIKPOUR FOR CONGRESS INC

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	1		2	0	1	5

To:

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	1	5

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	55425.00	205693.00
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	55425.00	205693.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	41910.25	63228.67
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	41910.25	63228.67
8. Cash on Hand at Close of Reporting Period (from Line 27).....	147864.33	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	5400.00	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3 (Revised 12/2003)

PAGE 3 / 34

Write or Type Committee Name

NOELLE NIKPOUR FOR CONGRESS INC

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	1		2	0	1	5

To:

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	1	5

I. RECEIPTS
COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:**(a) Individuals/Persons Other Than Political Committees****(i) Itemized (use Schedule A).....**

54550.00

197000.00

(ii) Unitemized.....

875.00

3693.00

(iii) TOTAL of contributions from individuals ▶

55425.00

200693.00

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees (such as PACs).....

0.00

5000.00

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..

55425.00

205693.00

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES

0.00

0.00

13. LOANS:**(a) Made or Guaranteed by the Candidate.....**

0.00

5400.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS (add Lines 13(a) and (b)).....

0.00

5400.00

14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)

0.00

0.00

15. OTHER RECEIPTS (Dividends, Interest, etc.)

0.00

0.00

16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

55425.00

211093.00

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 02/2003)

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II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	41910.25	63228.67
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	41910.25	63228.67

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	134349.58
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	55425.00
25. SUBTOTAL (add Line 23 and Line 24).....	189774.58
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	41910.25
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	147864.33

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 5 OF 34

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

NOELLE NIKPOUR FOR CONGRESS INC

Full Name (Last, First, Middle Initial)

MR. RICHARD BEARDEN

Mailing Address 124 W CAPITAL AVENUE

SUITE 1886

City

LITTLE ROCK

State

AR

Zip Code

72201

FEC ID number of contributing
federal political committee.

C

Name of Employer

IMPACT MANAGEMENT GROUP

Occupation

LOBBYIST

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
11		13		2015

Transaction ID : SA11AI.4481

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

MR. TERRELL BENHAM

Mailing Address 2601 GARDEN BEND DRIVE

City

BENTON

State

AR

Zip Code

72015

FEC ID number of contributing
federal political committee.

C

Name of Employer

IMPACT MANAGEMENT

Occupation

POLITICAL CONSULTANT

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
11		13		2015

Transaction ID : SA11AI.4479

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

MR. DARREN BLANTON

Mailing Address 3505 BEVERLY DRIVE

City

DALLAS

State

TX

Zip Code

75205

FEC ID number of contributing
federal political committee.

C

Name of Employer

COLT VENTURES

Occupation

PRIVATE INVESTOR

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
11		16		2015

Transaction ID : SA11AI.4469

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

1750.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
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Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

NOELLE NIKPOUR FOR CONGRESS INC

Full Name (Last, First, Middle Initial)

MR. DONALD BOLLINGER**A.**

Mailing Address 400 POYDRAS STREET, SUITE 2480

City

NEW ORLEANS

State

LA

Zip Code

70130

FEC ID number of contributing
federal political committee.

C

Name of Employer

ENTREPRENEUR

Occupation

ENTREPRENEUR

Receipt For: 2016



Primary



General



Other (specify)

Election Cycle-to-Date

2700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		08		2015

Transaction ID : SA11AI.4459

Amount of Each Receipt this Period

2700.00

Full Name (Last, First, Middle Initial)

MR. VINCENT G BRATTON**B.**Mailing Address 11411 SOUTHERN HIGHLANDS PARKWAY
SUITE 200

City

LAS VEGAS

State

NV

Zip Code

89141

FEC ID number of contributing
federal political committee.

C

Name of Employer

LIGHTSPEED VT

Occupation

VP OF DEVELOPMENT

Receipt For: 2016



Primary



General



Other (specify)

Election Cycle-to-Date

2700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		02		2015

Transaction ID : SA11AI.4487

Amount of Each Receipt this Period

2700.00

Full Name (Last, First, Middle Initial)

MR. STUART BRIGHT**C.**

Mailing Address 2320 MAIDENS CASTLE DR

City

LEWISVILLE

State

TX

Zip Code

75056

FEC ID number of contributing
federal political committee.

C

Name of Employer

BRIGHT EQUITIES

Occupation

FINANCE

Receipt For: 2016



Primary



General



Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		29		2015

Transaction ID : SA11AI.4467

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional).....

6400.00

TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

NOELLE NIKPOUR FOR CONGRESS INC

Full Name (Last, First, Middle Initial)

MS. HEATHER CARTER**A.**

Mailing Address 8 SOLOGNE CIR

City

LITTLE ROCK

State

AR

Zip Code

72223

FEC ID number of contributing
federal political committee.

C

Name of Employer

BBA SOLUTIONS

Occupation

MARKETING DIRECTOR

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		17		2015

Transaction ID : SA11AI.4465

Amount of Each Receipt this Period

2700.00

Full Name (Last, First, Middle Initial)

MS. RHONDA W CARTER**B.**

Mailing Address 4 KINGS MOUNTAIN COURT

City

LITTLE ROCK

State

AR

Zip Code

72211

FEC ID number of contributing
federal political committee.

C

Name of Employer

3M

Occupation

SALES

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		13		2015

Transaction ID : SA11AI.4461

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

MR. ARTHUR B CHOATE**C.**Mailing Address 1390 S DIXIE HWY.
STE 2221

City

CORAL GABLES

State

FL

Zip Code

33146

FEC ID number of contributing
federal political committee.

C

Name of Employer

ARTMARINE, INC.

Occupation

EXECUTIVE

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		30		2015

Transaction ID : SA11AI.4463

Amount of Each Receipt this Period

2700.00

SUBTOTAL of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

5650.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

NOELLE NIKPOUR FOR CONGRESS INC

Full Name (Last, First, Middle Initial)

MS. GENEVIEVE D COLLINS

A.

Mailing Address 7206 WILD VALLEY DRIVE

City

DALLAS

State

TX

Zip Code

75231

FEC ID number of contributing
federal political committee.

C

Name of Employer

ISTATION

Occupation

SENIOR VICE PRESIDENT OF STRATEGIC A

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		02		2015

Transaction ID : SA11AI.4483

Amount of Each Receipt this Period

2700.00

Full Name (Last, First, Middle Initial)

MR. RICHARD H COLLINS

B.

Mailing Address 8150 N. CENTRAL EXPRESSWAY
SUITE 1900

City

DALLAS

State

TX

Zip Code

75206

FEC ID number of contributing
federal political committee.

C

Name of Employer

R. COLLINS ENTERPRISES, INC.

Occupation

PRESIDENT

Receipt For: 2016

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

5400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		02		2015

Transaction ID : SA11AI.4494

Amount of Each Receipt this Period

2700.00

Full Name (Last, First, Middle Initial)

MR. JIM COOPER

C.

Mailing Address 724 HOGAN'S ALLEY

City

MELBOURNE

State

AR

Zip Code

72556

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

HEALTHCARE CONSULTANT

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		13		2015

Transaction ID : SA11AI.4505

Amount of Each Receipt this Period

600.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

6000.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

NOELLE NIKPOUR FOR CONGRESS INC

Full Name (Last, First, Middle Initial)

MR. EDWARD A DICKEY**A.**

Mailing Address PO BOX 17674

City

LITTLE ROCK

State

AR

Zip Code

72222

FEC ID number of contributing
federal political committee.

C

Name of Employer

LIGHTHOUSE GROUP, LLC

Occupation

OWNER

Receipt For: 2016



Primary



General



Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
11		13		2015

Transaction ID : SA11AI.4485

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

MR. DAVID DIETERICH**B.**

Mailing Address 38716 BETTIS DRIVE

City

HAMILTON

State

VA

Zip Code

20158

FEC ID number of contributing
federal political committee.

C

Name of Employer

THE VIRGINIA NORTHERN COMPANY

Occupation

EXECUTIVE

Receipt For: 2016



Primary



General



Other (specify)

Election Cycle-to-Date

350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
12		29		2015

Transaction ID : SA11AI.4440

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

MR. TIMOTHY FANN**C.**

Mailing Address 411 MOSSYLEAF DRIVE

City

HUNTSVILLE

State

AL

Zip Code

35824

FEC ID number of contributing
federal political committee.

C

Name of Employer

BOEING

Occupation

ENGINEER

Receipt For: 2016



Primary



General



Other (specify)

Election Cycle-to-Date

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
12		11		2015

Transaction ID : SA11AI.4429

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional).....

400.00

TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 10 OF 34

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

NOELLE NIKPOUR FOR CONGRESS INC

Full Name (Last, First, Middle Initial)

MR. DELOS E FLINT JR.Mailing Address 400 POYDRAS STREET
30TH FLOOR

City	State	Zip Code
NEW ORLEANS	LA	70130

FEC ID number of contributing
federal political committee.

C

Name of Employer
FOWLER, RODRIGUEZ, FLINT, GRAY, MCCOOccupation
PARTNER

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

235.36

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
11		13		2015

Transaction ID : SA11AI.4516

Amount of Each Receipt this Period

235.36

FOWLER RODRIGUEZ COUNSELORS AT LAW

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

MR. GEORGE J FOWLER III

Mailing Address 919 WEBSTER STREET

City	State	Zip Code
NEW ORLEANS	LA	70118

FEC ID number of contributing
federal political committee.

C

Name of Employer
FOWLER RODRIGUEZOccupation
PARTNER

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
11		13		2015

Transaction ID : SA11AI.4454

Amount of Each Receipt this Period

1000.00

FOWLER RODRIGUEZ COUNSELORS AT LAW

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

MR. GEORGE J FOWLER III

Mailing Address 919 WEBSTER STREET

City	State	Zip Code
NEW ORLEANS	LA	70118

FEC ID number of contributing
federal political committee.

C

Name of Employer
FOWLER RODRIGUEZOccupation
PARTNER

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1589.65

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
11		13		2015

Transaction ID : SA11AI.4517

Amount of Each Receipt this Period

589.65

FOWLER RODRIGUEZ COUNSELORS AT LAW

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1000.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

NOELLE NIKPOUR FOR CONGRESS INC

Full Name (Last, First, Middle Initial)

FOWLER RODRIGUEZ COUNSELORS AT LAW**A.**Mailing Address 400 POYDRAS STREET
30TH FLOOR

City	State	Zip Code
NEW ORLEANS	LA	70130

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		13		2015

Transaction ID : SA11AI.4456

Amount of Each Receipt this Period

2500.00

PERMISSIBLE FUNDS: SEE MEMOS

Full Name (Last, First, Middle Initial)

MR. MAT M GRAY III**B.**Mailing Address 400 POYDRAS STREET
30TH FLOOR

City	State	Zip Code
NEW ORLEANS	LA	70130

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

FOWLER, RODRIGUEZ, FLINT, GRAY, MCCO

PARTNER

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

81.77

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		13		2015

Transaction ID : SA11AI.4519

Amount of Each Receipt this Period

81.77

FOWLER RODRIGUEZ COUNSELORS AT LAW

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

MRS. JANET SUE HENDREN**C.**

Mailing Address PO BOX 589

City	State	Zip Code
BENTONVILLE	AR	72712

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

HOMEMAKER

HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		20		2015

Transaction ID : SA11AI.4450

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

2750.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 12 OF 34

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

NOELLE NIKPOUR FOR CONGRESS INC

Full Name (Last, First, Middle Initial)

MR. ROBERT R JOHNSTONMailing Address 400 POYDRAS STREET
30TH FLOOR

City	State	Zip Code
NEW ORLEANS	LA	70130

FEC ID number of contributing
federal political committee.

C

Name of Employer
FOWLER, RODRIGUEZ, FLINT, GRAY, MCCOOccupation
PARTNER

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

148.65

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
11		13		2015

Transaction ID : SA11AI.4521

Amount of Each Receipt this Period

148.65

FOWLER RODRIGUEZ COUNSELORS AT LAW

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

MR. MICHAEL KENNEDY

Mailing Address 3030 N. CLIFTON

City	State	Zip Code
CHICAGO	IL	60657

FEC ID number of contributing
federal political committee.

C

Name of Employer
THE KENNEDY GROUPOccupation
GENERAL COUNSEL

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
10		06		2015

Transaction ID : SA11AI.4452

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

LANE KIDD

Mailing Address 5400 CHENONCEAU BLVD. #822

City	State	Zip Code
LITTLE ROCK	AR	72223

FEC ID number of contributing
federal political committee.

C

Name of Employer
THE KIDD GROUP, LLCOccupation
SELF-EMPLOYED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
11		03		2015

Transaction ID : SA11AI.4511

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

800.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

NOELLE NIKPOUR FOR CONGRESS INC

Full Name (Last, First, Middle Initial)

LANE KIDD**A.**

Mailing Address 5400 CHENONCEAU BLVD. #822

City

LITTLE ROCK

State

AR

Zip Code

72223

FEC ID number of contributing
federal political committee.

C

Name of Employer

THE KIDD GROUP, LLC

Occupation

SELF-EMPLOYED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

550.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		28		2015

Transaction ID : SA11AI.4509

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

MR. JERRY D LATHAN**B.**

Mailing Address 5000 KOOIMAN ROAD

City

THEODORE

State

AL

Zip Code

36582

FEC ID number of contributing
federal political committee.

C

Name of Employer

THE LATHAN COMPANY

Occupation

PRESIDENT

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		19		2015

Transaction ID : SA11AI.4512

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

MR. EDWARD F LEBRETON**C.**Mailing Address 400 POYDRAS STREET
30TH FLOOR

City

NEW ORLEANS

State

LA

Zip Code

70130

FEC ID number of contributing
federal political committee.

C

Name of Employer

FOWLER, RODRIGUEZ, FLINT, GRAY, MCCO

Occupation

PARTNER

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

91.66

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		13		2015

Transaction ID : SA11AI.4523

Amount of Each Receipt this Period

91.66

FOWLER RODRIGUEZ COUNSELORS AT LAW

[MEMO ITEM]**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

750.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

NOELLE NIKPOUR FOR CONGRESS INC

Full Name (Last, First, Middle Initial)

MR. ALEX LIEBLONG**A.**

Mailing Address PO BOX 24520

City

LITTLE ROCK

State

AR

Zip Code

72221

FEC ID number of contributing
federal political committee.

C

Name of Employer

LIEBLONG & ASSOCIATES, INC.

Occupation

INVESTMENTS

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		02		2015

Transaction ID : SA11AI.4446

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

MR. MICHAEL W MCCOY**B.**Mailing Address 400 POYDRAS STREET
30TH FLOOR

City

NEW ORLEANS

State

LA

Zip Code

70130

FEC ID number of contributing
federal political committee.

C

Name of Employer

FOWLER, RODRIGUEZ, FLINT, GRAY, MCCOY

Occupation

PARTNER

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

96.62

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		13		2015

Transaction ID : SA11AI.4525

Amount of Each Receipt this Period

96.62

FOWLER RODRIGUEZ COUNSELORS AT LAW

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

MRS. DIANA MERCER**C.**

Mailing Address 600 ROUTE 25A

City

EAST SETAUKET

State

NY

Zip Code

11733

FEC ID number of contributing
federal political committee.

C

Name of Employer

HOMEMAKER

Occupation

HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		02		2015

Transaction ID : SA11AI.4475

Amount of Each Receipt this Period

2700.00

SUBTOTAL of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

2950.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 15 OF 34

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

NOELLE NIKPOUR FOR CONGRESS INC

Full Name (Last, First, Middle Initial)

MRS. DIANA MERCER**A.**

Mailing Address 600 ROUTE 25A

City

EAST SETAUKET

State

NY

Zip Code

11733

FEC ID number of contributing
federal political committee.

C

Name of Employer

HOMEMAKER

Occupation

HOMEMAKER

Receipt For: 2016

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

5400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
11		02		2015

Transaction ID : SA11AI.4476

Amount of Each Receipt this Period

2700.00

Full Name (Last, First, Middle Initial)

MR. ROBERT L MERCER**B.**

Mailing Address 600 ROUTE 25A

City

EAST SETAUKET

State

NY

Zip Code

11733

FEC ID number of contributing
federal political committee.

C

Name of Employer

RENAISSANCE TECHNOLOGIES LLC

Occupation

FINANCIAL ADVISOR

Receipt For: 2016

☒ Primary
☐ Other (specify)
☐ General

Election Cycle-to-Date

2700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
11		02		2015

Transaction ID : SA11AI.4496

Amount of Each Receipt this Period

2700.00

Full Name (Last, First, Middle Initial)

MR. ROBERT L MERCER**C.**

Mailing Address 600 ROUTE 25A

City

EAST SETAUKET

State

NY

Zip Code

11733

FEC ID number of contributing
federal political committee.

C

Name of Employer

RENAISSANCE TECHNOLOGIES LLC

Occupation

FINANCIAL ADVISOR

Receipt For: 2016

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

5400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
11		02		2015

Transaction ID : SA11AI.4497

Amount of Each Receipt this Period

2700.00

SUBTOTAL of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

8100.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

NOELLE NIKPOUR FOR CONGRESS INC

Full Name (Last, First, Middle Initial)

MR. ROBERT M MURPHY

Mailing Address 200 N JEFFERSON

SUITE 400

City

EL DORADO

State

AR

Zip Code

71730

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

INVESTMENTS

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		05		2015

Transaction ID : SA11AI.4503

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

MR. ERIC MURRAY

Mailing Address 162 LORUM ST

City

TEWKSBURY

State

MA

Zip Code

01876

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

ACTOR

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		04		2015

Transaction ID : SA11AI.4501

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

MR. JOHN MICHAEL NABER

Mailing Address 41 R STREET NE

City

WASHINGTON

State

DC

Zip Code

20002

FEC ID number of contributing
federal political committee.

C

Name of Employer

FITCH, EVEN, TABIN & FLANNERY

Occupation

PARTNER

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		25		2015

Transaction ID : SA11AI.4473

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional).....

1000.00

TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 17 OF 34

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

NOELLE NIKPOUR FOR CONGRESS INC

Full Name (Last, First, Middle Initial)

MR. BILL PHILLIPS

Mailing Address 69 BEAVERFORK ROAD

City

CONWAY

State

AR

Zip Code

72032

FEC ID number of contributing
federal political committee.

C

Name of Employer

PHILLIPS MANAGEMENT & CONSULTING SE

Occupation

OWNER

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		13		2015

Transaction ID : SA11AI.4491

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

MR. MICHAEL PICKENS

Mailing Address 123 ORLEANS DRIVE

City

MAUMELLE

State

AR

Zip Code

72113

FEC ID number of contributing
federal political committee.

C

Name of Employer

PICKENS LAW FIRM

Occupation

LAWYER

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		13		2015

Transaction ID : SA11AI.4493

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

MS. SHIRLEY JOAN REIMAN

Mailing Address PO BOX 686

City

JEFFERSON

State

TX

Zip Code

75657

FEC ID number of contributing
federal political committee.

C

Name of Employer

HOUSE OF THE SEASONS

Occupation

MANAGER

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		02		2015

Transaction ID : SA11AI.4478

Amount of Each Receipt this Period

2700.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

3950.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

NOELLE NIKPOUR FOR CONGRESS INC**A.**

Full Name (Last, First, Middle Initial)

MR. DALE S ROBINOWITZ

Mailing Address 12240 INWOOD ROAD

SUITE 501

City

DALLAS

State

TX

Zip Code

75244

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

DENTIST

Receipt For: 2016



Primary



General



Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		02		2015

Transaction ID : SA11AI.4507

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

MS. ANDREA ROCKEFELLER

Mailing Address 17200 CHENAL PARKWAY

SUITE 300-358

City

LITTLE ROCK

State

AR

Zip Code

72223

FEC ID number of contributing
federal political committee.

C

Name of Employer

ENGLAND POLICE DEPARTMENT

Occupation

LAW ENFORCEMENT OFFICER

Receipt For: 2016



Primary



General



Other (specify)

Election Cycle-to-Date

2700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		05		2015

Transaction ID : SA11AI.4471

Amount of Each Receipt this Period

2700.00

C.

Full Name (Last, First, Middle Initial)

MS. ANDREA ROCKEFELLER

Mailing Address 17200 CHENAL PARKWAY

SUITE 300-358

City

LITTLE ROCK

State

AR

Zip Code

72223

FEC ID number of contributing
federal political committee.

C

Name of Employer

ENGLAND POLICE DEPARTMENT

Occupation

LAW ENFORCEMENT OFFICER

Receipt For: 2016



Primary



General



Other (specify)

Election Cycle-to-Date

5400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		05		2015

Transaction ID : SA11AI.4472

Amount of Each Receipt this Period

2700.00

SUBTOTAL of Receipts This Page (optional).....

6400.00

TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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 (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
NOELLE NIKPOUR FOR CONGRESS INC

Full Name (Last, First, Middle Initial) MR. ANTONIO J RODRIGUEZ			Date of Receipt M M / D D / Y Y Y Y 11 / 13 / 2015	
Mailing Address 400 POYDRAS STREET 30TH FLOOR			Transaction ID : SA11AI.4527	
City	State	Zip Code		
NEW ORLEANS	LA	70130		
FEC ID number of contributing federal political committee.		C		
Name of Employer FOWLER, RODRIGUEZ, FLINT, GRAY, MCCO		Occupation PARTNER		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 392.92		
			Amount of Each Receipt this Period 392.92 FOWLER RODRIGUEZ COUNSELORS AT LAW [MEMO ITEM]	

Full Name (Last, First, Middle Initial) MR. HENRY JACOB RODRIGUEZ			Date of Receipt M M / D D / Y Y Y Y 11 / 13 / 2015	
Mailing Address 400 POYDRAS STREET 30TH FLOOR			Transaction ID : SA11AI.4529	
City	State	Zip Code		
NEW ORLEANS	LA	70130		
FEC ID number of contributing federal political committee.		C		
Name of Employer FOWLER, RODRIGUEZ, FLINT, GRAY, MCCO		Occupation PARTNER		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 158.56		
			Amount of Each Receipt this Period 158.56 FOWLER RODRIGUEZ COUNSELORS AT LAW [MEMO ITEM]	

Full Name (Last, First, Middle Initial) MR. JOHN A SCIALDONE			Date of Receipt M M / D D / Y Y Y Y 11 / 13 / 2015	
Mailing Address 400 POYDRAS STREET 30TH FLOOR			Transaction ID : SA11AI.4531	
City	State	Zip Code		
NEW ORLEANS	LA	70130		
FEC ID number of contributing federal political committee.		C		
Name of Employer FOWLER, RODRIGUEZ, FLINT, GRAY, MCCO		Occupation PARTNER		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 276.24		
			Amount of Each Receipt this Period 276.24 FOWLER RODRIGUEZ COUNSELORS AT LAW [MEMO ITEM]	

SUBTOTAL of Receipts This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)

NOELLE NIKPOUR FOR CONGRESS INC

Full Name (Last, First, Middle Initial)

MS. ROBIN SHAVER

A.

Mailing Address 424 LONGWAY DRIVE

City

LITTLE ROCK

State

AR

Zip Code

72223

FEC ID number of contributing
federal political committee.

C

Name of Employer
HOMEMAKER

Occupation
HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2800.00

Date of Receipt

M M / D D / Y Y Y Y
11 / 03 / 2015

Transaction ID : SA11AI.4457

Amount of Each Receipt this Period

2700.00

Full Name (Last, First, Middle Initial)

MR. LOU SIEGEL

B.

Mailing Address PO BOX 22059

City

HOT SPRINGS

State

AR

Zip Code

71903

FEC ID number of contributing
federal political committee.

C

Name of Employer
OAKLAWN

Occupation
HORSE RACING

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M / D D / Y Y Y Y
11 / 13 / 2015

Transaction ID : SA11AI.4489

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

MR. TIMOTHY W STRICKLAND

C.

Mailing Address 400 POYDRAS STREET
30TH FLOOR

City

NEW ORLEANS

State

LA

Zip Code

70130

FEC ID number of contributing
federal political committee.

C

Name of Employer
FOWLER, RODRIGUEZ, FLINT, GRAY, MCCO

Occupation
PARTNER

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

178.37

Date of Receipt

M M / D D / Y Y Y Y
11 / 13 / 2015

Transaction ID : SA11AI.4533

Amount of Each Receipt this Period

178.37

FOWLER RODRIGUEZ COUNSELORS AT LAW

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

3200.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

NOELLE NIKPOUR FOR CONGRESS INC

Full Name (Last, First, Middle Initial)

MR. NORMAN C SULLIVAN JR.

Mailing Address 400 POYDRAS STREET
30TH FLOOR

City	State	Zip Code
NEW ORLEANS	LA	70130

FEC ID number of contributing
federal political committee.

C

Name of Employer
FOWLER, RODRIGUEZ, FLINT, GRAY, MCCO

Occupation
PARTNER

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

128.82

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
11		13		2015

Transaction ID : SA11AI.4535

Amount of Each Receipt this Period

128.82

FOWLER RODRIGUEZ COUNSELORS AT LAW

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

MR. JOHN TYSON

Mailing Address 2200 W DON TYSON PARKWAY

City	State	Zip Code
SPRINGDALE	AR	72765

FEC ID number of contributing
federal political committee.

C

Name of Employer
TYSON FOODS

Occupation
CHAIRMAN OF BOARD

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
12		11		2015

Transaction ID : SA11AI.4514

Amount of Each Receipt this Period

2700.00

Full Name (Last, First, Middle Initial)

MR. STEVE WALLACE

Mailing Address 10630 SOMMA WAY

City	State	Zip Code
LOS ANGELES	CA	90077

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
10		01		2015

Transaction ID : SA11AI.4499

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

3200.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 22 OF 34

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

NOELLE NIKPOUR FOR CONGRESS INC

Full Name (Last, First, Middle Initial)

MR. WADE P WEBSTER**A.**

Mailing Address 4614 CARONDELET STREET

City

NEW ORLEANS

State

LA

Zip Code

70115

FEC ID number of contributing
federal political committee.

C

Name of Employer
FOWLER RODRIGUEZOccupation
ATTORNEY

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		13		2015

Transaction ID : SA11AI.4448

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

MR. JON W WISE**B.**Mailing Address 400 POYDRAS STREET
30TH FLOOR

City

NEW ORLEANS

State

LA

Zip Code

70130

FEC ID number of contributing
federal political committee.

C

Name of Employer
FOWLER, RODRIGUEZ, FLINT, GRAY, MCCOOccupation
PARTNER

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

121.38

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		13		2015

Transaction ID : SA11AI.4537

Amount of Each Receipt this Period

121.38

FOWLER RODRIGUEZ COUNSELORS AT LAW

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

250.00

54550.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 23 OF 34

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

NOELLE NIKPOUR FOR CONGRESS INC

Full Name (Last, First, Middle Initial)

A. ALFALIT INTERNATIONAL, INC.

Mailing Address 3026 NW 79 AVENUE

City	State	Zip Code
MIAMI	FL	33122

Purpose of Disbursement
EVENT REGISTRATION FEE

Candidate Name

Office Sought:	House
	Senate
	President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		04		2015

Amount of Each Disbursement this Period

1500.00

Transaction ID : SB17.4398

B. APEXMailing Address 138 CONANT STREET
SECOND FLOOR

City	State	Zip Code
BEVERLY	MA	01915

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought:	House
	Senate
	President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		01		2015

Amount of Each Disbursement this Period

256.00

Transaction ID : SB17.4399

C. APEXMailing Address 138 CONANT STREET
SECOND FLOOR

City	State	Zip Code
BEVERLY	MA	01915

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought:	House
	Senate
	President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		02		2015

Amount of Each Disbursement this Period

110.00

Transaction ID : SB17.4400

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1866.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 24 OF 34

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

NOELLE NIKPOUR FOR CONGRESS INC

Full Name (Last, First, Middle Initial)

A. APEXMailing Address 138 CONANT STREET
SECOND FLOOR

City BEVERLY State MA Zip Code 01915

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		02		2015

Amount of Each Disbursement this Period

324.00

Transaction ID : SB17.4401

B. APEXMailing Address 138 CONANT STREET
SECOND FLOOR

City BEVERLY State MA Zip Code 01915

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		07		2015

Amount of Each Disbursement this Period

216.00

Transaction ID : SB17.4402

C. APEXMailing Address 138 CONANT STREET
SECOND FLOOR

City BEVERLY State MA Zip Code 01915

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		09		2015

Amount of Each Disbursement this Period

20.00

Transaction ID : SB17.4403

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

560.00

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SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 25 OF 34

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

NOELLE NIKPOUR FOR CONGRESS INC

Full Name (Last, First, Middle Initial)

A. APEXMailing Address 138 CONANT STREET
SECOND FLOOR

City BEVERLY State MA Zip Code 01915

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		21		2015

Amount of Each Disbursement this Period

108.00

Transaction ID : SB17.4404

B. APEXMailing Address 138 CONANT STREET
SECOND FLOOR

City BEVERLY State MA Zip Code 01915

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		05		2015

Amount of Each Disbursement this Period

16.00

Transaction ID : SB17.4405

C. APEXMailing Address 138 CONANT STREET
SECOND FLOOR

City BEVERLY State MA Zip Code 01915

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		06		2015

Amount of Each Disbursement this Period

108.00

Transaction ID : SB17.4406

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

232.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 27 OF 34

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

NOELLE NIKPOUR FOR CONGRESS INC

Full Name (Last, First, Middle Initial)

A. APEXMailing Address 138 CONANT STREET
SECOND FLOOR

City BEVERLY State MA Zip Code 01915

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		10		2015

Amount of Each Disbursement this Period

108.00

Transaction ID : SB17.4410

B. APEXMailing Address 138 CONANT STREET
SECOND FLOOR

City BEVERLY State MA Zip Code 01915

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		15		2015

Amount of Each Disbursement this Period

2.00

Transaction ID : SB17.4411

C. APEXMailing Address 138 CONANT STREET
SECOND FLOOR

City BEVERLY State MA Zip Code 01915

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		29		2015

Amount of Each Disbursement this Period

2.00

Transaction ID : SB17.4412

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

112.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 28 OF 34

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

NOELLE NIKPOUR FOR CONGRESS INC

Full Name (Last, First, Middle Initial)

A. APEXMailing Address 138 CONANT STREET
SECOND FLOOR

City BEVERLY State MA Zip Code 01915

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		31		2015

Amount of Each Disbursement this Period

10.00

Transaction ID : SB17.4413

B. CHAIN BRIDGE BANK

Mailing Address 1445-A LAUGHLIN AVENUE

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement
BANK FEES

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		01		2015

Amount of Each Disbursement this Period

2700.00

Transaction ID : SB17.4415

C. CONSENSUS COMMUNICATIONS, INC.

Mailing Address PO BOX 2898

City WINTER PARK State FL Zip Code 32790

Purpose of Disbursement
COMMUNICATIONS CONSULTING

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		01		2015

Amount of Each Disbursement this Period

6043.06

Transaction ID : SB17.4416

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

8753.06

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 29 OF 34

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

NOELLE NIKPOUR FOR CONGRESS INC

Full Name (Last, First, Middle Initial)

A. CONSENSUS COMMUNICATIONS, INC.

Mailing Address PO BOX 2898

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		22		2015

City	State	Zip Code
WINTER PARK	FL	32790

Amount of Each Disbursement this Period

6053.35

Purpose of Disbursement
COMMUNICATIONS CONSULTINGCategory/
Type**Transaction ID : SB17.4417**

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State: District:

Full Name (Last, First, Middle Initial)

B. CONSENSUS COMMUNICATIONS, INC.

Mailing Address PO BOX 2898

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		20		2015

City	State	Zip Code
WINTER PARK	FL	32790

Amount of Each Disbursement this Period

6149.09

Purpose of Disbursement
COMMUNICATIONS CONSULTINGCategory/
Type**Transaction ID : SB17.4418**

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State: District:

Full Name (Last, First, Middle Initial)

C. CONSENSUS COMMUNICATIONS, INC.

Mailing Address PO BOX 2898

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		15		2015

City	State	Zip Code
WINTER PARK	FL	32790

Amount of Each Disbursement this Period

6028.54

Purpose of Disbursement
COMMUNICATIONS CONSULTINGCategory/
Type**Transaction ID : SB17.4419**

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State: District:

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

18230.98

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 30 OF 34

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

NOELLE NIKPOUR FOR CONGRESS INC

Full Name (Last, First, Middle Initial)

A. EXECUTIVE RESEARCH ASSOCIATES

Mailing Address 1556 216TH STREET

City	State	Zip Code
BAYSIDE	NY	11360

Purpose of Disbursement
RESEARCH CONSULTING

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		06		2015

Amount of Each Disbursement this Period

600.00

Transaction ID : SB17.4420

B. EXECUTIVE RESEARCH ASSOCIATES

Mailing Address 1556 216TH STREET

City	State	Zip Code
BAYSIDE	NY	11360

Purpose of Disbursement
RESEARCH CONSULTING

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		13		2015

Amount of Each Disbursement this Period

2445.00

Transaction ID : SB17.4421

C. EXECUTIVE RESEARCH ASSOCIATES

Mailing Address 1556 216TH STREET

City	State	Zip Code
BAYSIDE	NY	11360

Purpose of Disbursement
RESEARCH CONSULTING

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		20		2015

Amount of Each Disbursement this Period

600.00

Transaction ID : SB17.4422

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

3645.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 31 OF 34

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

NOELLE NIKPOUR FOR CONGRESS INC

Full Name (Last, First, Middle Initial)

A. EXECUTIVE RESEARCH ASSOCIATES

Mailing Address 1556 216TH STREET

City	State	Zip Code
BAYSIDE	NY	11360

Purpose of Disbursement
RESEARCH CONSULTING

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		17		2015

Amount of Each Disbursement this Period

600.00

Transaction ID : SB17.4423

B. RED CURVE SOLUTIONSMailing Address 138 CONANT STREET
SECOND FLOOR

City	State	Zip Code
BEVERLY	MA	01915

Purpose of Disbursement
COMPLIANCE CONSULTING

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		13		2015

Amount of Each Disbursement this Period

2619.16

Transaction ID : SB17.4424

C. RED CURVE SOLUTIONSMailing Address 138 CONANT STREET
SECOND FLOOR

City	State	Zip Code
BEVERLY	MA	01915

Purpose of Disbursement
COMPLIANCE CONSULTING

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		20		2015

Amount of Each Disbursement this Period

2600.00

Transaction ID : SB17.4425

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

5819.16

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 32 OF 34

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

NOELLE NIKPOUR FOR CONGRESS INC

Full Name (Last, First, Middle Initial)

A. RED CURVE SOLUTIONSMailing Address 138 CONANT STREET
SECOND FLOOR

City BEVERLY State MA Zip Code 01915

Purpose of Disbursement
COMPLIANCE CONSULTING

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		04		2015

Amount of Each Disbursement this Period

2661.05

Transaction ID : SB17.4426

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y

Amount of Each Disbursement this Period

--

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y

Amount of Each Disbursement this Period

--

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

2661.05

41900.25

SCHEDULE C (FEC Form 3)
LOANS

PAGE 33 OF 34

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4344

NOELLE NIKPOUR FOR CONGRESS INC

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2016

NOELLE NIKPOUR

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

6671 WEST INDIANTOWN ROAD

City

State

ZIP Code

JUPITER

FL

33458

Original Amount of Loan

500.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

500.00

TERMS

Date Incurred

M M / D D / Y Y Y Y
08 / 20 / 2015

Date Due

M M / D D / Y Y Y Y
12/31/2018

Interest Rate

0.00 % (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

500.00

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 34 OF 34

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4345

NOELLE NIKPOUR FOR CONGRESS INC

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2016

NOELLE NIKPOUR

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

6671 WEST INDIANTOWN ROAD

City

State

ZIP Code

JUPITER

FL

33458

Original Amount of Loan

4900.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

4900.00

TERMS

Date Incurred

M M / D D / Y Y Y Y
09 / 30 / 2015

Date Due

M M / D D / Y Y Y Y
12/31/2018

Interest Rate

0.00 % (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

4900.00

TOTALS This Period (last page in this line only)..... ►

5400.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.